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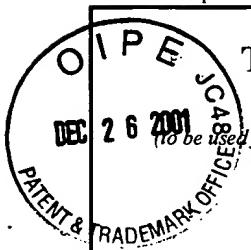
DEC 31 2000

PTO/SB/21 (08-00)

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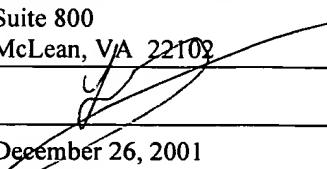
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 <p><b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)</p>		<p>Application Number</p> <p>09/699,466</p>
<p>Total Number of Pages in This Submission</p>		<p>Filing Date</p> <p>October 31, 2000</p>
		<p>First Named Inventor</p> <p>Shunpei YAMAZAKI</p>
		<p>Group Art Unit</p> <p>2813</p>
		<p>Examiner Name</p> <p>T. Nguyen</p>
		<p>Attorney Docket Number</p> <p>740756-2222</p>

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Other: Check in the amount of \$414 (extra claims fee)
<p>Remarks</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.</p>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Luan C. Do, Registration No. 38,434 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22102
Signature	
Date	December 26, 2001

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: \_\_\_\_\_

Type or printed name	
Signature	Date _____

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**OFFICE TRANSMITTAL  
FOR FY 2001**

*Patent fees are subject to annual revision.*

**TOTAL AMOUNT OF PAYMENT** (\$ 414.00)

**METHOD OF PAYMENT**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 19-2380

Deposit Account Name Nixon Peabody LLP

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit Card  Money Order  Other

**FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

**SUBTOTAL (1)** (\$ 0-)

**2. EXTRA CLAIM FEES**

		Extra Claims	Fee from below	Fee Paid
Total Claims	34	-25**	= 9 X 162	= 162.00
Independent Claims	9	-6**	= 3 X 252	= 252.00
Multiple Dependent				

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 84	202 42	Independent claims in excess of 3	
104 280	204 140	Multiple dependent claim, if not paid	
109 84	209 42	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	

**SUBTOTAL (2)** (\$ 414.00)

\*\*or number previously paid, if greater; For Reissues, see above

Complete if Known		RECEIVED
Application Number	09/699,466	
Filing Date	RECEIVED October 31, 2000	
First Named Inventor	Shunpei YAMAZAKI	DEC 31 2001
Examiner Name	T. Nguyen	TC 2000 MAIL ROOM
Group Art Unit	2813	
Attorney/Docket No.	ATL	740756-2222

**FEE CALCULATION (continued)**

**3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge – late filing fee or oath	
127	50	227	25 Surcharge – late provisional filing fee or cover sheet	
139	130	139	130 Non-English transaction	
147	2,520	147	2,520 For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	
115	110	215	55 Extension for reply within first month	
116	400	200	200 Extension for reply within second month	
117	920	460	460 Extension for reply within third month	
118	1,440	720	720 Extension for reply within fourth month	
128	1,960	228	980 Extension for reply within fifth month	
119	320	219	160 Notice of Appeal	
120	320	220	160 Filing a brief in support of an appeal	
121	280	221	140 Request for oral hearing	
138	1,510	138	1,510 Petition to institute a public use proceeding	
140	110	240	55 Petition to revive – unavoidable	
141	1,280	241	640 Petition to revive – unintentional	
142	1,280	242	640 Utility issue fee (or reissue)	
143	460	243	230 Design issue fee	
144	620	244	310 Plant issue fee	
122	130	122	130 Petitions to the Commissioner	
123	50	123	50 Processing fee under 37 CFR 1.17(q)	
126	180	126	180 Submission of Information Disclosure Stmt	
581	40	581	40 Recording each patent assignment per property (times number of properties)	
146	740	246	370 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370 For each additional invention to be examined (37 CFR § 1.29(b))	
179	740	279	370 Request for Continued Examination (RCE)	
169	900	169	900 Request for expedited examination of a design application	
Other fee (specify) _____				

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$)

**CERTIFICATE OF MAILING**

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Name: \_\_\_\_\_

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Luan C. Do	Registration No. (Attorney/Agent)	38,434	Telephone (703) 790-9110
Signature				Date December 26, 2001